

SCREENING GUIDES

Breast and Cervical Cancer Control Program

2003-2004

Texas Department of Health

BREAST HEALTH:

A Guide for Screening Programs

**Texas Department of Health
Bureau of Women's Health
Breast and Cervical Cancer Control Program
2003-2004**

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Table of Contents**

I.	Statement of Need	45
II.	Goals of Breast Cancer Screening	45
III.	Definition of Screening.....	45
IV.	Components of Breast Cancer Screening.....	45
	A. Client Education	45
	B. Clinical Breast Examination	46
	C. Mammography Screening	47
V.	Follow-up for Abnormal Screening Results.....	47
	A. Follow-up of Clinical Breast Examination Results	47
	B. Follow-up of Mammography Results.....	47
VI.	Professional Consultations for Screening Follow-up.....	48

**Breast Health:
A Guide for Screening Programs of the Texas Department of Health
Breast and Cervical cancer Control Program
Bureau of Women's Health**

I. Statement of Need

Breast cancer is the most common cancer among women in Texas. The American Cancer Society estimates that approximately 13,700 new cases of breast cancer will be diagnosed among women in Texas and that 2,600 women will die of breast cancer in Texas.

II. Goals of Breast Cancer Screening

The goal of breast cancer screening is to reduce premature mortality from breast cancer and to improve survival of breast cancer by ensuring quality breast cancer screening and diagnostic services for women.

III. Definition of Screening

Screening is a process to detect unsuspected disease in asymptomatic women. The methods used for early detection and screening of breast cancer are clinical breast examination (CBE) and mammography.

IV. Components of Breast Cancer Screening

A. Client Education

The contractor must provide and document breast cancer information to every woman who receives program services. The following information must be explained verbally to each woman in her primary language and may be supplemented with printed or audio-visual materials in the woman's primary language:

- description of cancer;
- risk factors for breast and cervical cancer;
- signs and symptoms of breast and cervical cancer;
- importance of screening at regular intervals;
- medical procedures as part of her current check-up;
- steps a woman must take to complete her current check-up;
- description of possible results of the medical procedures;
- date of next appointment and a telephone number to call with questions and/or to make her next appointments; and
- eligibility to receive program services can change from year to year;

- information on the limitations of breast cancer screening e.g., a normal screening result does not necessarily indicate the absence of disease; normal results never rule out the later development of disease, which is why ongoing regular screening is recommended; and that an abnormal finding does not necessarily mean that the finding is cancerous.

B. Clinical Breast Examination (CBE)

CBEs must be performed by a qualified clinician, such as a Registered Nurse, Advanced Nurse Practitioner, a Certified Nurse Midwife, a Physician's Assistant, or a Physician. **Complete documentation of the CBE must be included in the client record.** The BCCCP follows the NCI's recommendations for CBE. The CBE should include the following components:

- **With the woman sitting:** Inspection for asymmetry, abnormal superficial vascular patterns, nipple retraction, and peau d' orange.

Palpation of axillary and supraclavicular/infraclavicular nodes. Note size, location, mobility, and consistency of nodes palpated.

- **With the woman supine:** Palpation of the breast to include palpation of the axillary tail; areola and nipples.

A breast health history must be included as part of the CBE. The health history includes:

- date and time intervals of previous mammograms;
- date and results of the last CBE;
- date and results of any previous breast surgery;
- date of last menstrual period;
- history of medications (hormonal replacement therapy, oral contraceptives);
- risk factors for breast cancer (advancing age, personal history of breast cancer or breast biopsy results with moderate, severe, or atypical epithelial hyperplasia; or family history of first degree relatives with breast cancer); and
- Description of breast symptoms.

C. Screening

Screening refers to procedures, such as a CBE and mammogram, for women who present **without symptoms that are suspicious for breast cancer**. A screening mammogram must be provided within 60 days following the CBE. The BCCCP follows National Cancer Institute recommendations for mammography screening:

- Ages 50 and older: Women should be screened every year.
- Ages 40 to 49: Women are encouraged to discuss, with a health care professional, the advisability of breast cancer screening with mammography. The BCCCP will screen women age 40-49, if they were enrolled in the program for breast cancer screening prior to October 1, 1994.

V. Follow-up for Abnormal Screening Results

Abnormal CBEs and/or mammograms require further diagnostic evaluation.

A. Follow-up of CBE results

- Normal/benign: diagnostic referral must be based on whether mammogram results are abnormal.
- Abnormal (suspicious for cancer): follow-up must include referral for a diagnostic mammogram, ultrasound, and/or consultation with a surgeon or breast specialist.

B. Follow-up of mammography results

- Negative: diagnostic referral if CBE results are abnormal.
- Benign: diagnostic referral if CBE results are abnormal.
- Probably Benign: radiologist must recommend the interval for the next screening or diagnostic examination **AND** diagnostic referral if CBE results are abnormal.
- Suspicious: follow-up must include a consultation with surgeon or breast specialist with tissue sampling (biopsy).

- Highly Suggestive of Malignancy: follow-up must include referral for consultation with surgeon or breast specialist with tissue sampling (biopsy).
- Incomplete: Additional Imaging Evaluation Needed: follow-up must include additional imaging (mammography and/or ultrasound).

Note: This is the expected minimum follow-up. More procedures or examinations may be necessary to clarify screening examination results and to obtain a final diagnosis. **A normal mammogram does not rule out cancer.**

VI. Professional Consultations for Screening Follow-up

- Referrals for follow-up of screening results must be made to physicians with expertise in managing breast problems.
- Consultations must involve direct examination. (Note: Interpretation of other images and imaging reports by a radiologist as a second opinion without direct examination of the client cannot be reported as a professional consultation.)
- Nurses, midwives, nurse practitioners, physician assistants, and primary care physicians do NOT qualify as breast specialists.
- Radiologists, obstetricians, and gynecologists may be considered breast specialists depending on the focus of their practice.
- A consultation can only be performed by a physician who did not perform the original screening examination.